coming into force of Regulations framed under the provisions of the Indian Medical Council (Amendment) Act, 2001. As per the provisions of the amended Act, the primary medical qualification awarded to an Indian citizen by any foreign medical University/institution, which is a recognised qualification for enrolment as a medical practitioner in the country in which the institution awarding the same is situated, shall be a recognised qualification in India only for the person conemed after he/she has qualified the Screening test conducted in India. As per the provisions of the amended Act, qualifying the Screening test is essential for grant of registration to practice medicine in India. Therefore, the demand made by the students for exemption from appearing in the Screening Test cannot be agreed to.

Prevalence of TB among developing countries

1252. SHRI MANOJBHATTACHARYA:WilltheMinisterof HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Tuberculosis has been declared as one of the most dreaded diseases in the developing and third world countries;

(b) whether it is also a fact that an empirical study has confirmed the prevalence of this disease among the economically and socially backward group of population with poor living conditions:

(c) if so, whether Government would consider a proposal to draw a contingent plan for extending preventive and remedial assistance to affected people; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): (a) Yes, Sir. TB has been declared a global emergency by WHO in 1993.

(b) Tuberculosis is mainly in airborne disease so when a TB patient sneezes or coughs, the bacilli spread in the air and any person irrespective of his/her economic and social status who is infected with that bacilli can develop TB. However, economically and socially backward group of population with the living conditions are more prone to this disease due to various factors like overcrowding and poorly ventilated living conditions etc.

(c) and (d) Revised National TB Control Programme which is an application WHO recommended Directly Observed Shortcourse (DOTS) strategy is being implemented in the country in a phased manner to control TB and also to

prevent its further spread by breaking the chain of transmission by curing sputum positive cases. Presently more than 500 milHon population has been covered under the revised strategy. It is envisaged to cover 800 million population by 2004 and whole country by 2005.

Newsitem "Keeping Medical Cost Down"

1253. SHRI PARMESHWAR KUMAR AGARWALLA: Will the Minister of HEALtH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned, "Keeping medical cost down", which appeared in the 'Hindustan Times', dated 23rd October, 2002;

(b) if so. Government's reaction thereon; and

(c) the steps proposed to be taken to ensure that the medical costs are kept at the lower level?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): (a) Yes, Sir.

(b) and (c) The cardiac surgery requires expensive equipments and as such the cost is likely to be on the higher side. The rates prevalent in AIIMS are as follows:

Cardiac angiography	Rs. 4,000/-
Right and left heart study with angiography	Rs. 6,000/-
Coronary angioplasty with Stenting	Rs. 85,000/-
Primary Stenting	Rs. 65,000/-
Valve dilatation (mitral)	Rs. 15,000/-
Coronary bypass surgery	Rs. 55,000/-
Single Valve replacement Surgery	Rs. 85,000/-
Double valve replacement Surgery	Rs. 1,35,000/-

Financial Assistance is provided to patients living Below Poverty Line under the National Illness Assistance Fund, who are suffering from major life threatening diseases including cardiac problems. Adhoc assistance is also released fi"om Health Minister's discretionary grant for treatment purposes.